

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | DT       |        | 10-30-00 |
| O.I.P.E. CLASSIFIER       | Low      | 32     | 11/16    |
| FORMALITY REVIEW          |          | 71473  | 12-11-00 |
| RESPONSE FORMALITY REVIEW |          | 71473  | 1-17-01  |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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